

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/519520	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6				1		
7					1	
8						1
9			1			
10				1		
11					1	
12					1	
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			11			
TOTAL CLAIMS	1	1	12	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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100								
TOTAL IND.				1				
TOTAL DEP.				1				
TOTAL CLAIMS	1	1	1	1	1	1	1	1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS